

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 28 FEBRUARY 2013**

Title:	PATIENT CARE QUALITY REPORT
Responsible Director:	Kay Fawcett, Executive Chief Nurse
Contact:	Michele Owen, Deputy Chief Nurse; Extension 14719

Purpose:	To provide the Board of Directors with an update on care quality improvement within the Trust
Confidentiality Level & Reason:	None
Medium Term Plan Ref:	Aim 1. Always put the needs and care of patients first
Key Issues Summary:	This paper sets out the position for defined aspects of care quality within the Trust and supporting actions to ensure continued improved performance.
Recommendations:	The Board of Directors is asked to receive this report on the progress with Care Quality.

Signed:	Date: 12 February 2013
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 28 FEBRUARY 2013

PATIENT CARE QUALITY REPORT

PRESENTED BY THE EXECUTIVE CHIEF NURSE

1. Introduction and Executive Summary

This paper provides an update of progress with the Trust's Patient Care Quality agenda, including measurement of the patient experience through both internal and external initiatives, and the safeguarding of children and vulnerable adults. It also provides a progress report on the management of falls, and enhancements in end of life care. Finally, it provides a summary of numbers of complaints received during the previous 2 months.

2. Measuring the Patient Experience

2.1 Enhanced Patient Feedback

For the year to date, 27,703 items of feedback from patients, carers and the public have been received. In January there were 2,045 responses to the electronic bedside survey bringing the total so far this year to end of January to 19,558. Positive responses achieving 95% or above continue to relate to the cleanliness of wards and bathrooms, overall rating of care, and privacy when being examined, all of which achieved a score above 95%. In January positive responses to staff washing hands also achieved 95%. The least positive responses were for noise at night, and conflicting information which achieved scores at or below 75%.

2.2 National Patient Surveys

The Trust is currently taking part in three National Cancer Surveys; the National Cancer Survey; the Chemotherapy Survey; and the Cancer Outpatient Survey. The National Inpatient Survey has been completed and the report of the raw data received. Of the 58 questions a positive response of above 80% has been achieved for 35 questions, of which 13 were above 90% positive response. These were for privacy, cleanliness, confidence and trust in doctors, mixed sex accommodation, availability of hand gel, and explanation of pain control. The National Benchmarking report will be published by the Care Quality Commission in the Spring.

2.3 Net Promoter Family and Friends Response

As part of the Regional Commissioning Framework 2012/13 from the Strategic Health Authority (SHA) there was a requirement to include the family and friends “net promoter question” for inpatients from 1 April 2012. The question asks patients if they would recommend the service to family and friends.

The net promoter score is identified by subtracting the percentage of detractors from the percentage of promoters. The scores from April to the end of January are detailed below:

Month 2012-13	Score
April	60
May	53
June	62
July	63
August	66
September	63
October	67
November	65
December	70

3. **Falls**

3.1 Overview Quarter 3 September – December 2012

There were a total of 623 patient fall incidents reported Trustwide during the time period. This shows a 8.11% (55) decrease in falls reported compared to the previous quarter when there were 678 falls reported. Patient fall/slips were the second highest reported incident across the Trust in Quarter 3 2012/13, patient falls/slips accounted for 17.7% of incidents.

3.2 Subcategory of Falls

The most common type of fall was on mobilising (32.9%). There was a 12.6% (23) increase in this type of fall compared the previous quarter when there was 182. Falls from toilet/bathroom saw the biggest decrease compared to the previous quarter with 18 less.

In regards to falls from chair a work stream with BBW, new Hospital Team, Health and Safety, facilities and corporate nursing have been completing investigations into the hospital floors; recent floor testing results have been recently made available, the preliminary results demonstrate that there is no clear answer and that one area will need extra testing. The group are currently preparing a full report with the results and recommendations.

3.3 Harm from Inpatient Falls

There were 122 (20%) incidents that caused patient harm in Q3 12/13; (Q2 12/13 142 – 21% patients sustained harm from a fall).

6 (0.96%) patients sustained a fracture as a result of their fall.
 There were 53 injuries to the head 3 of these resulted in a SIRS
 Total of 9 falls in Qtr3 resulted in serious harm;
 6 fractured neck of femurs
 3 Subdural haematomas

4. Safety Thermometer

The NHS Safety Thermometer is a standardised data collection/improvement tool that allows NHS organisations to measure patient outcome in four key areas:

- Pressure Ulcers
- Falls
- Urine infections and urinary catheter use
- VTE (Venous Thromboembolism)

Key Points arising from the Audit

- The data set is based on the number of patients surveyed each month which will vary. The first survey was completed in April 2012.
- The outcome measures will be displayed as a % of the total number of patients surveyed each month against a pre set criteria.

UHB outcomes

Overall	April 2012	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 2013
Total pts surveyed	983	976	975	961	967	977	985	982	1009	1068
All Harm %	6	5.94	5.23	3.12	3	2.97	3.68	4.07	4.36	2.53
1 Harm	5.8	5.94	5.03	3.12	3	2.97	3.45	3.97	4.16	2.53
2 Harms	0.2	0	0.21	0	0	0	0.20	0.10	0.20	0
3 Harms	0	0	0	0	0	0	0	0	0	0
4 Harms	0	0	0	0	0	0	0	0	0	0

5. Work on Safeguarding Adults and Children

5.1 Adult Safeguarding

Referrals continue to increase. The ratio of alerts to referrals continues to be low and reflects the closer working relationships with Lead Nurse Safeguarding and the Social Services Senior Practitioners. Below is a breakdown of the numbers of referrals (with source), alerts and DoLS applications

Month	Nov 2012	Dec 2012	Jan 2013
Total referrals	26	16	32
Alerts	2	4	4
Cases where alert not completed following discussions with Social Service			4
DoLS	1	0	3 – all authorised
IMCA		1	

Referral source:

Source	Jan 2013
Ward/clinical staff	19
Social Services	7
Therapist	2
Senior nurse/matron	2
Medical Staff	2

There were two Domestic Homicide Review requests, one of which the subject had attended QEHB.

Training:

Staff group	Quarter 2	Quarter 3
Registered Nurse (level 2)	45	170
Medical Staff (level 2)	5	37
All staff (level 1)	265	334

A multi agency (nursing and social services) training day was held on 7 December 2012 when 64 members of nursing and therapy staff completed an interactive day. Based on its success, the aim will be to repeat this quarterly. Safeguarding training is now incorporated into all Nurse Development programmes.

5.2 Safeguarding Children

There were no requests from Birmingham Safeguarding Children Board for individual management reviews for Serious Case Reviews during the period. Five referrals were made to the integrated access teams where adults presented to ED and had the responsibility for the care of children. One of these involved a child visitor to one of the wards.

One level 3 MAPPA case is ongoing where an adult poses a significant risk to those under 18 years of age.

A Safeguarding Children Working Group has been set up which will meet every six weeks and will report to the Executive Chief Nurse's Trust Safeguarding Group.

6. End of Life Care and Bereavement

Committing to the 'Priorities of Care' for the dying patient and their families

As part of our strategy for improving the care that is delivered to dying patients and their families we are about to launch a number of initiatives which include:

6.1 Information for you when your Loved one is Dying

This leaflet is not meant to replace face to face discussions with nursing and medical staff, but to provide additional support and information for families at a difficult time. The focus of the information is to address concerns that families may have about the patient, such as eating and drinking, as well as explaining how physical symptoms such as pain and agitation may be eased. There are also sections on emotions and feelings and the support that can be provided; as well as the importance of discussing any preferences that the patient may have for where they wish to be cared for in their last days.

6.2 End of Life and Bereavement Champions

Each clinical area will nominate champions who will undertake specific training, particularly with regard to communication skills, helping to increase knowledge of staff and raising awareness of the difficulties dying patients and their families encounter. The champions will be supported by the leads for End of Life Care, Bereavement Services and the Palliative Care Team who will also conduct local teaching sessions in clinical areas providing resources and teaching packs.

7. Pressure Ulcer Prevention / Management

All pressure ulcers are classified using the European Pressure Ulcer Advisory Panel classification system. All Grade 3&4 Hospital acquired Pressure Ulcers are subject to a root cause analysis investigation which investigates all the clinical areas / wards where the patient was cared for. The outcome of the RCA is to determine if the pressure ulcer was avoidable or unavoidable, action plans are developed to address any areas where improvement in practice is required.

The Trust Wide action plan details a number of educational and training actions and resources and Divisions report on progress by a cycle of reporting to the PUAG.

During January 2013 the Trust held an expert training day and key stakeholders were invited to attend the day which focused on quality improvement strategies and clinical engagement along with sustainability.

The Tissue Viability team has recruited 1.0 wte Band 6 who will commence in February 2013 on a secondment , and is interviewing for a further 1.6 wte Band 6 posts in February 2013. The band 6 Tissue Viability Nurses will focus on education in practice and support service expansion.

The following table details the number of Grade 3 &4 hospital acquired pressure ulcers that were recorded during the stated periods:

2012 / Month	Total Number	Avoidable	Unavoidable
April	13	7	6
May	18	12	6
June	14	8	6
July	14	11	3
August	10	7	3
Sept	5	3	2
October	5	5	0
Nov	3	3	0
December	4	TBC	TBC
January 2013	7	TBC	TBC

8. Patient Relations Report

8.1 Number of Formal Complaints by Month: November 2012 – January 2013

A total of 64 complaints were received in November 2012, 43 in December 2012 and 95 in January 2013. 12 of the January complaints related directly to the cancellation/delay receiving surgery.

8.2 Complaints Actions and Trust Actions in Response to Complaints

Changes continue to be made to systems and processes within the Patient Relations Department to ensure we are delivering the best possible service to staff and patients. Positive feedback has been received from Divisional management teams regarding the quality of responses produced following amendments made to the response templates.

Complaints continue to be reported monthly to the Care Quality Group as part of the wider Patient Experience report, as well as to the Chief Executive's Advisory Group and as part of the Aggregated Governance Report to the Audit Committee.

A PALS Team Leader has been appointed and is due to start March 2013.

The revised Patient Relations Report to the Divisional Clinical Quality Group meetings has been further refined to ensure that learning and actions identified in closed complaints remain on the report until the Divisional management confirm that the actions have been completed, providing assurance that the learning highlighted has been implemented.

Customer care training sessions continue to be delivered to areas where themes around staff attitude or communication have been identified, as well as part of ongoing staff development programmes and Corporate Trust Induction. Recent training sessions have been delivered to 7th floor wards, Neurosciences wards, Private Patient ward, A&E and Critical Care.

9. **Discharge Quality**

The Trust Policy stipulates that our overall aim is to provide a framework that delivers safe, effective and timely discharge or care transfer for all patients, with appropriate support to enable them and their families and carers to be fully involved in the process.

- A Trust wide action plan for improvement has been developed and is being monitored at the Discharge Quality Meetings chaired by the Executive Chief Nurse.
- The Divisional report on their action plans specific to their services which are to be tabled at the Discharge Quality Group.
- Monthly audit of discharge quality is reported by Ward / Division as part of a series of key performance indicators to the Discharge Quality Group.
- There is an agreed cycle of reporting to the Discharge which ensures reports are received in a timely manner ie: patient experience / self discharge / incidents and procedural updates.
- Key performance indicators for Discharge have been agreed and are reported monthly at the meeting which include the adherence to process described in the procedure, the dispensing of medication to take home and the process of discharge undertaken on the day of discharge.
(Appendix 1)

10. **Francis Report**

Following the release of the Francis report on 6 February 2013 a full gap analysis is being undertaken by the Trust Governance team with input from all relevant groups.

11. **Compassion in Practise**

The Chief Nurse of England has launched a Nursing strategy based upon 6 key components, Care, Compassion, Competence, Communication, Courage and Commitment the 6 C's, these will continue to be incorporated into all elements of care quality.

12. **Recommendations**

The Board of Directors is asked to receive this report on the progress with Care Quality.

Kay Fawcett
Executive Chief Nurse
12 February 2013

Appendix 1

Indicator	Data Source	Data Provider	Target	Oct-11	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
Number of cases audited	Discharge Notes Audit	Samantha Baker	N/A	560	-	-	-	293	277	294	269	269	234	233
Simple	Discharge Notes Audit	Samantha Baker	N/A	88%	-	-	-	88%	92%	94%	92.6%	91%	86%	92%
Complex	Discharge Notes Audit	Samantha Baker	N/A	11%	-	-	-	11%	8%	6%	7%	7%	13%	8%
Blank	Discharge Notes Audit	Samantha Baker	N/A	1%	-	-	-	1%	0%	0%	0.4%	2%	0.4%	0%
Nurse discharge letter completed on PICS	PICS	Samantha Baker	80%+ green 70%-79% amber <70% red	93%	-	-	-	93%	92%	95%	89%	92%	94%	93%
Nurse discharge letter printed from PICS	PICS	Samantha Baker	80%+ green 70%-79% amber <70% red	90%	-	-	-	87%	87%	90%	88%	87%	92%	93%
Medical discharge letter printed from PICS	PICS	Samantha Baker	80%+ green 70%-79% amber <70% red	100%	-	-	-	100%	100%	100%	100%	99%	98%	99%
Nursing discharge letter fully completed	Discharge Notes Audit	Samantha Baker	80%+ green 70%-79% amber <70% red	85%	-	-	-	89%	86%	88%	87%	84%	90%	85%
Nursing discharge letter present in the notes	Discharge Notes Audit	Samantha Baker	80%+ green 70%-79% amber <70% red	79%	-	-	-	77%	75%	76%	77%	81%	88%	83%

Nursing discharge letter includes name/signature/designation of nurse who discharged the patient/time and date	Discharge Notes Audit	Samantha Baker	80%+ green 70%-79% amber <70% red	56%	-	-	-	-	64%	58%	54%	60%	66%	70%	71%
Minutes between TTOs being sent to print to Pharmacy and being listed on tracker as complete (median) WEEKDAY	PICS and Pharmacy Tracker data	Vijay Dabhi*	120 minutes	-	-	-	-	-	180	130	126	124	103	117	154
Minutes between TTOs being sent to print to Pharmacy and being listed on tracker as complete (median) WEEKEND	PICS and Pharmacy Tracker data	Vijay Dabhi*	120 minutes	-	-	-	-	-	123	97	92	90	80	94	106
Dispensing incidents (internal)	Datix Incident Data	Jessica Richardson*	TBC	5	6	8	10	13	3	3	7	6	7	3	3
Dispensing incidents (external)	Datix Incident Data	Matt Onions*	TBC	-	0	1	0	0	0	0	0	0	0	0	0
Number of items dispensed	Pharmacy System	Jessica Richardson (figures sent from Pharmacy)	n/a	-	30064	35382	33161	36098	35096	31936	33299	34512	32959	35927	
Dispensing error rate per 100,000 items (also a QUORU indicator - but yet to be signed off by QuORU board)	Calculated from KPIs 13 & 15	Jessica Richardson	TBC	-	20	23	30	33	9	9	18	14	21	8	
Dispensing complaints	Datix Incident Data	Derek Ball*	TBC	5	0	2	1	2	0	1	1	0	0	2	
Dispensing PALS contacts	Datix Incident Data	Derek Ball*	TBC	-	4	4	2	2	3	0	0	1	1	0	
Transport incidents relating to discharge	Datix Incident Data	Matt Onions^	TBC	-	-	-	0	1	0	1	1	0	0	0	